

# CERTIFICATE OF TRUST DOMESTIC STATUTORY TRUST

Office of the Secretary of the State

**MAILING ADDRESS:**

Commercial Recording Division  
Connecticut Secretary of the State  
P.O. Box 150470  
Hartford, CT 06115-0470  
860-509-6003

**DELIVERY ADDRESS:**

Commercial Recording Division  
Connecticut Secretary of the State  
30 Trinity Street  
Hartford, CT 06106  
860-509-6003

<b>Space for Office Use Only</b>	<b>Filing Fee: \$60.00</b>	<b>Make Checks Payable To "Secretary of the State"</b>
<b>1. NAME OF STATUTORY TRUST:</b>  		
<b>2. ADDRESS OF THE STATUTORY TRUST'S PRINCIPAL OFFICE:</b>   		
<b>3. APPOINTMENT OF STATUTORY AGENT:</b>		
Name of Agent	Business Address	
	Residence Address	
<b>Acceptance of appointment</b>   <div style="text-align: center;">_____ Signature of Agent</div>		
<b>4. EXECUTION BY ALL TRUSTEES:</b>		
Dated this _____ day of _____, 20____.		
Type or print names of signing trustees	Signatures	

Reference an 8 1/2 X 11 attachment if additional space is required